

## ***Washington County Area Local Interagency Team***

### ***Reinvigorating Act 264 & Implementing the Department of Education/Agency of Human Services Agreement***

**Final – November 6, 2006**

*The Department of Education, the local education agencies (LEA) & the Agency of Human Services (AHS) work together to assure that children & youth with disabilities, ages 3-22, receive services for which they are eligible in a timely & coordinated manner. Ultimate responsibility to ensure a free & appropriate public education to students with disabilities lies with the Department of Education & responsibility to provide a free & appropriate education lies with the LEA. AHS is responsible for supporting students & their families toward successful outcomes in their broader functioning consistent with federal law including 34 CFR §300.142<sup>1</sup> as well as state law. These agencies will work together to assure the needs of eligible students with disabilities are met, services are coordinated & integrated, funds are efficiently used, & a dispute resolution process is in place to resolve interagency policy & funding disputes when a conflict occurs.*

The Washington County Local Interagency Team (LIT) is committed to successfully implementing the Department of Education/ Agency of Human Services Interagency Agreement. These procedures outline key elements of the LIT process, the roles and responsibilities of the LIT and its referral sources. Establishing these procedures will help insure that the LIT successfully functions in the environment of collaboration envisioned by Act 264 and the new DOE/AHS Agreement.

There are two critical elements to the DOE/AHS Agreement:

- \* The first element includes the statutory obligations of Act 264. This agreement does not alter this longstanding legislation designed to support children and youth with serious emotional disturbance and their families.
- \* The second element of the agreement process addresses a shared commitment between the Department of Education and the Agency of Human Services to serve all children and youth who are on Individual Education Plans (IEPs) and are eligible to receive AHS eligibility disability services.

Children and adolescents who are **now** eligible for a coordinated services plan as defined under Act 264 **and** the DOE/AHS Interagency Agreement are those individuals:

- A. who meet the Act 264 definition of Severe Emotional Disturbance and who may or may not be eligible for special education services; and/or
- B. who are eligible for special education services and are eligible for disability-related services and service coordination provided by AHS and its member departments and agencies.

within this target population, special attention must be made to assure that the needs of transition-age youth to support transition from school to adult life. Likewise, there must be a process for addressing the needs of children ages 3 to 6.

---

<sup>1</sup>

### **A. What is the purpose of the Local Interagency Team (LIT)?**

The LIT serves both a consulting and an advocacy role. The LIT can offer *Individual Treatment Teams* or *Coordinated Service Planning Teams* a forum to review challenging situations involving eligible families. The LIT can offer suggestions about accessing community resources and can assist *Treatment Teams* or *Coordinated Service Planning Teams* in the process necessary to access state level resources. In its advocacy role, the LIT serves to improve the local system of care, address state and local policy issues.

### **B. What are the responsibilities of the lead agency?**

Act 264 defines the lead agency as follows;

- Education for children & youth not in the custody of the state and who primarily have education concerns
- Family Services (DCF) for children & youth in the custody of the state
- Mental Health for all other children & youth who meet the Act 264 definition for serious emotional disturbance

Given the expanded LIT scope set forth in the Interagency Agreement, when a child who is not a client of WCMHS is referred by someone other than the child's parent (or the parent's advocate) that person shall assume the responsibilities of the lead agency. When education is the lead agency the local special education director should always be consulted prior to a LIT referral. When another agency is the lead agency, a consultation with the local special education director is highly recommended.

When a Lead Agency refers a child or youth to the LIT the Lead Agency's representative is responsible to coordinate the LIT for her/his "case". Doing so consists of the following:

- a. First and foremost insuring that the parent(s) of the child or youth being reviewed is (are) invited and that the parent(s) have given written consent for review on the required form
- b. Insuring that the youth being reviewed is invited
- c. Assisting the parent(s) of the child or youth and/or the youth being reviewed with transportation, if necessary
- d. Preparing and assembling the LIT referral forms and supporting documentation including releases and a cover letter outlining the reason for the referral
- e. Providing a copy of the packet, including the Coordinated Services Plan for each LIT member
- f. Providing the LIT Facilitator with the parents' contact information one week prior to the LIT staffing in the event the LIT Parent Representative wishes to contact the parent(s) prior to the meeting.
- g. Inviting the primary contact for any AHS department not a regular member of the LIT to the meeting (as necessary)
- h. Preparing any documentation, including signatures, necessary to forward to the Case Review Committee (CRC) or the State Interagency Team (SIT) In the case of joint referrals, a lead agency's partner agency/agencies will assist with preparing the SIT/CRC referral documentation and will forward that documentation to its CRC representative.

- i. Maintaining contact with the Lead Agency's representative on the CRC or SIT to follow up on any referral. LIT facilitator can assist if the lead agency does not have a CRC representative.

Family Services and Education can go directly to CRC bypassing LIT  
Mental Health has to use LIT to access CRC  
Everyone else has to use LIT to access SIT

When a decision is reached by the CRC or SIT, the LIT facilitator is typically contacted, who will then notify the Lead Agency representative.

### ***C. When and where are LIT meetings held?***

LIT meetings are scheduled monthly on the 2<sup>nd</sup> Tuesday at the Washington County Mental Health Services' Children, Youth and Family Services (CYFS) office, from 9:00 am to 12:00 noon. The office is located at 260 Beckley Hill Road in Barre Town.

### ***D. What is the role of the LIT facilitator?***

The LIT facilitator schedules meeting space and assigns meeting times. The LIT facilitator will provide an electronic version of the Interagency Teams packet for the referring agency to complete prior to the meeting and will maintain a list of the primary contacts for each Agency of Human Services department that participates in the LIT. Unless otherwise determined at the LIT meeting, the LIT facilitator will serve as the recorder and timekeeper.

### ***E. Who are the LIT members?***

Standing members of the Local Interagency Team in the Washington County area:

- Family Services Division (DCF)
- Washington County Mental Health Services (WCMHS) – Children, Youth & Family Services (CYFS) Division
- Washington County Mental Health Services (WCMHS) – Community Developmental Services (CDS) Division
- Special Education administrator
- Central Vermont Substance Abuse Services (CVSAS)
- Casey Family Services
- Two parent representatives, one of whom is the Peer Navigator
- Field Services Division (AHS)

Other LIT members attending when needed:

- Vocational Rehabilitation Services (DAIL)
- Service Coordinator, Central VT Community Action Council

## **F. Summary**

While portions of this agreement have their basis in Vermont statute, the goodwill and commitment of everyone involved is needed to serve children, youth and families using our best collaborative skills, a shared sense of values and beliefs, and unending creativity.

## **G. Contact Information**

Michael Curtis, LIT Facilitator  
476-1480 and [michaelc@wcmhs.org](mailto:michaelc@wcmhs.org)

Nancy Thomas, Assistant Superintendent & Director of Special Programs, Washington Central Supervisory Union & Co-leader for the AHS/DOE Agreement  
229-0553 and [nthomas@u32.org](mailto:nthomas@u32.org)

Don Mandelkorn, AHS Field Director & Co-leader for the AHS/DOE Agreement  
479-7594 and [Don.mandelkorn@ahs.state.vt.us](mailto:Don.mandelkorn@ahs.state.vt.us)

## **H. Glossary**

**Act 264** – Vermont legislation passed in 1988 that entitles children and adolescents with a serious emotional disturbance and their families the right to a coordinated services plan. This legislation creates a Vermont System of Care Plan, a Governor appointed advisory board, a dispute resolution process, and local and state interagency teams.

**ADAP** – The Division of Alcohol and Drug Abuse Programs of the Vermont Department of Health helps Vermonters prevent and eliminate the problems caused by alcohol and other drug use. ADAP plans, supports and evaluates a comprehensive system that provides education; prevention; intervention; treatment; recovery; and research services.

**AHS** – Agency of Human Services is the state agency that works to improve the conditions of well-being of Vermonters. Within AHS there are 5 departments – Dept for Children & Families; Department of Health; Department of Disabilities, Aging & Independent Living; Department of Corrections; & Office of Vermont Health Access.

**CRC** – Case Review Committee, a committee of the State Interagency Teams that reviews referrals for residential treatment or expensive wraparound plans. The CRC meets regularly to review the recommendations of interagency planning teams to determine if a child's needs require the proposed level of service.

**CDD** - Child Development Division of the Department for Children and Families is the state office charged with improving the well being of Vermont's children by ensuring safe, accessible and quality services are available for every child.

**CSPs** - Coordinated Services Plans are addendums to treatment/service plans or Individualized Education Plans. They are organized to assure that all components are working toward compatible goals, progress is monitored, and resources are being used effectively to achieve the desired result for the child and family. Funding for each element of the plan is identified.

**Core Transition Teams** - *Composed of both education staff and adult agency and community representatives, Core Transition Teams work at the local level to develop, provide and manage an effective transition process for students with disabilities who are age 14 or older who may need “transition services” that involve inter-agency partners (VR, DS, etc.). These teams identify available resources and supports pertaining to individual students needs and desires for life after high school; and attempt to resolve individual and systems issues that prevent effective transitions.*

**CSHN** – *Children with Special Health Needs is a part of the Department of Health that provides services to children who have complex health conditions and to their families. They work to provide information, medical services, care coordination and resources to help families support their children’s well being, growth and development.*

**CUPS** – *Children’s Upstream Services program works to strengthen local interagency coordination and reduce the number of children who enter kindergarten without the emotional and social skills necessary to be active learners in school.*

**DAIL** – *Department of Disabilities, Aging & Independent Living assists older persons, children & adults with disabilities to live as independently as possible. Services include the Assistive Technology Project; Blind & Visually Impaired Services; Developmental Services; Guardianship; Licensing and Protection; Traumatic Brain Injury Program; and Vocational Rehabilitation.*

**DCF** – *Department for Children and Families promotes the social, emotional, physical and economic well being and the safety of Vermont’s children and families through the provision of protective, developmental, therapeutic, probation, economic, and other support services for children and families in partnership with schools, businesses, community leaders, service providers, families, and youths statewide. Services include the Child Development Division; the Office of Child Support; Family Services; Economic Services; and the Office of Economic Opportunity.*

**DDAS** – *Division of Disability and Aging Services is a division of the Department of Disabilities, Aging and Independent Living responsible for all community-based long term care services for older Vermonters, individuals with developmental disabilities, traumatic brain injuries, and physical disabilities)*

**DOL** – *Department of Labor helps support efforts to make Vermont a more competitive place to do business and create good jobs. DOL consists primarily of three divisions: Workers’ Compensation and Safety, Workforce Development, and Unemployment Insurance and Wages.*

**DMH** – *The Division of Mental Health within the Department of Health helps children and adults who have a severe and persistent mental illness, and/or a severe emotional disturbance. Mental Health Services is made up of Adult Mental Health; Child, Adolescent and Family Mental Health; Vermont State Hospital; and the Vermont Mental Health Futures Initiative.*

**DOC** – *Department of Corrections supports safe communities thru leadership in crime prevention, repairing the harm done, addressing the needs of crime victims, ensuring offender accountability for criminal acts, and managing the risk posed by offenders.*

**DOE/AHS Interagency Agreement** - *Outlines the provision of services to students who are eligible for both special education and services provided by AHS and its member departments. The areas covered by this agreement include service coordination planning, financial responsibility, conditions and terms of reimbursement, and resolution of interagency disputes.*

**Field Director** - *Field Directors are charged with oversight of AHS district offices and mobilization of the local community to assure the overall effectiveness of the Agency of Human Services.*

**FITP** – *Family Infant and Toddler Program is a family-centered coordinated system of early intervention services for infants and toddlers with developmental delays and disabilities and their families.*

**Healthy Babies, Kids and Families (HBKF)** – *HBKF program helps Medicaid-eligible pregnant women and families with young children connect with high quality health care and support services in their community.*

**High-End Wraparound** – *A Plan of Care reviewed by the CRC and includes 24 hour, awake overnight staffing, and individualized residential programming. If not for this level of service, the child would be in a residential setting **but** can't function in a group setting.*

**High Risk Fund** - *A fixed sum of general funds set aside to assist clinically complex children and adolescents and their families to address extraordinary needs that transcend the responsibility of any one department/division of AHS.*

**IDEA** – *Individuals with Disabilities Education Act is a federal law governing child find, evaluation, program development and educational placement of students that meet the criteria established for special education eligibility.*

**IEP** – *Individualized Education Plan created after a student has been found eligible for special education services through a comprehensive special education evaluation.*

**LEA** – *Local Education Agency (local school district) that is responsible for child find, evaluation, IEP development and placement implementing the educational program which addresses the student with disabilities' educational needs.*

**LIT** – *Local Interagency Team is an interagency forum made up of human services and education leaders, designed to assist in problem solving at the regional level regarding resource needs outlined in a coordinated services plan. The LIT tries to provide assistance in addressing the needs defined in the coordinated services plan.*

**OVHA** - *Office of Vermont Health Access is the state office responsible for the management of Medicaid, the State Children's Health Insurance Program, and other publicly funded health insurance programs in Vermont.*

**SEA** – *State Education Agency (Vermont Department of Education)*

**SIT** – *State Interagency Team is an interagency forum designed to assist in problem solving at the state level. If a LIT is unable to resolve the problems or resource needs outlined in a coordinated services plan, the State Interagency Team attempts to provide*

assistance. This may include reviewing a plan and making recommendations on content; suggesting possible additional resources to help implement the plan; and/or recommending that an agency waive or modify a policy.

**State-Placed Students** - Minor students who are placed outside of their home school district by a state agency or a licensed child placement agency, or students 18 and over whose residential costs are paid for by a state agency or child placement agency and who reside in a school district other than the district of the parents residence, or who are residing in a program for pregnant and parenting women are considered “state-placed”.

**VDH** – Vermont Department of Health is within the Agency of Human Services and is comprised of six divisions - Alcohol and Drug Abuse Programs; Board of Medical Practice; Community Public Health; Health Improvement; Health Protection; Health Surveillance; Mental Health; plus the Board of Medical Practice:

**VR** – Vocational Rehabilitation (a division within the Department of Disabilities, Aging and Independent Living) assists Vermonters with disabilities to find and maintain meaningful employment in their communities.

**Woodside** – Vermont’s juvenile rehabilitation center.

	<b>Act 264</b>	<b>AHS/DOE Agreement</b>
<b>Target population –</b> <i>Children and adolescents who are eligible for coordination of services.</i>	Children/adolescents who meet Act 264 definition of severe emotional disturbance. May or may not be eligible for special education.	Same as Act 264 <b>plus</b> those who are eligible for special education services <b>and</b> who are eligible to receive AHS disability-related services and service coordination.
<b>Planning process for children and adolescents</b>	An identified case manager forms a team to plan/coordinate services and supports. This team stays intact throughout the CSP and problem-resolution process.	An identified case manager forms a team to plan and coordinate services and supports. This team stays intact throughout the CSP and problem-resolution process.
<b>Developing a coordinated services plan (CSP) – att. to tx/service plan or IEP.</b>	With parent/guardian permission for eligible youth, anyone can request a CSP. Legal entitlement is to coordination, not to services.	With parent/guardian permission for eligible youth, anyone can request a CSP. Legal entitlement is to coordination, not to services.
<b>Lead agency –</b> <i>An assigned service coordinator who assures that the plan is regularly reviewed &amp; serves as the contact person if the coordinated services plan needs to be adjusted.</i>	<ul style="list-style-type: none"> <li>• <b>Family Services</b> for youth who are in state custody.</li> <li>• <b>Education</b> for youth not in custody and who primarily have educational concerns.</li> <li>• <b>Mental Health</b> for all other youth who meet the Act 264 definition of SED.</li> </ul>	Lead agency status should be assumed by the agency having the most expertise to understand the child’s primary concerns (eg., VR for vocational transition issues of adolescents with eligible disability) or, the agency with the case manager that has the best relationship with the child/family.
<b>Referral to the Local Interagency Team</b>	Membership on the LIT has, by law, included:	Same as Act 264 <b>plus</b> AHS Field Directors, local leaders from developmental services,

<p><b>(LIT)</b> - <i>If a team hasn't been formed or isn't functioning, if a coordinated services plan is not satisfactory, if there is no lead service coordinator, or if a plan is not being implemented satisfactorily, the family or individual or another involved party may request an LIT meeting to address the situation.</i></p>	<ul style="list-style-type: none"> <li>• Family Services district director;</li> <li>• a special education administrator within the region;</li> <li>• the children's director of the region's community mental health center; and</li> <li>• a parent of a child with an emotional disability.</li> <li>• Other community members as deemed appropriate locally.</li> </ul>	<p>substance abuse, and VR. Others, as needed, include:</p> <ul style="list-style-type: none"> <li>• A special education administrator from the school of a student being referred.</li> <li>• Adult agency providers from adult mental health programs and the Department of Labor.</li> <li>• Representative of the Child Development Division Regional Services Resources Integration Team;</li> <li>• Adoption Consortium regional representative, for children in a pre or post adoptive process.</li> </ul>
<p><b>Referral to State Interagency Team (SIT)</b> - <i>If LIT is unable to resolve the problems outlined in a CSP, SIT attempts to provide assistance which may include making recommendations on content; suggesting additional resources to implement the plan; and/or recommending an agency waive/modify a policy</i></p>	<p>Members have included high- level managers from the following departments or divisions within state government: DOE, Division of Mental Health (DMH), Division of Family Services. A family member of a child with an emotional disability is also a core member.</p>	<p>Members will now include a high level manager from the following departments and divisions within state government: Department of Education (DOE), Division of Mental Health (DMH), Division of Disability and Aging Services (DDAS), Division of Family Services (DFS), Child Development Division (CDD), Children with Special Health Needs (CSHN); Division of Alcohol and Drug Abuse Programs (ADAP), Division of Vocational Rehabilitation (VR) and AHS Field Services as well as other units as determined by the Secretary of AHS. A family consumer representative is also a core member of the SIT.</p>
<p><b>Referral to Case Review Committee (CRC)</b> – <i>If a local team is considering a referral for residential placement, has completed a CSP and there is consensus about placement, a referral is made to the CRC.</i></p>	<p>The CRC, a committee of SIT, includes staff of the Family Services Division, DMH, DDAS, DOE, and a parent representative. Other units of AHS are included as appropriate. The referral to CRC should go through the appropriate CRC member depending on the child's "lead agency" status.</p>	<p>Same as under Act 264. Additional agency representatives may be asked to participate at the local planning team level and/or on CRC as needed.</p>